

## School Age Certified Day Care Application

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Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Does this applicant currently hold another type of license or certification? ☐ No ☐ Yes

### License Type

- ☐ Foster Home (children)
- ☐ Group Foster Home (children)
- ☐ Adult Family Home
- ☐ Nursing Home
- ☐ Hospital
- ☐ Community Based Residential Facility
- ☐ Day Care Center (Family or Group)
- ☐ Other \_\_\_\_\_

### Certification Type

- ☐ Certified Child Care
- ☐ Alcohol and Other Drug Abuse Program
- ☐ Adult Day Care
- ☐ Mental Health Program
- ☐ Other \_\_\_\_\_

Has the applicant submitted as part of the application Background Information Disclosure forms for each administrator/employee/volunteer? ☐ No ☐ Yes

List 3 individuals, who are familiar with the program, that could provide a reference for the program and the care that will be provided.

Name (first, last)	Address (street, city, state, zip)	Telephone Number
		(     )
		(     )
		(     )

I authorize the Department of Health and Family Services and/or the certifying agency to request and receive any information that is appropriate and necessary for the administration of certification for school age day care programs. Sources of information may include, but are not limited to, the Department of Corrections, the Department of Workforce Development, the Department of Justice, the Department of Regulation and Licensing, any educational institutions, county departments of social/human services or a current/former employer. Personally identifiable information collected on this form may be used, in part, through computer matching to verify information with the departments, agencies and employers above.

I acknowledge having received the rules for day care certification (DWD 55) including the standards and checklist for school-age programs and accept legal responsibility for complying with all administrative rules as promulgated by the Department of Workforce Development. By signature, I signify a willingness to provide the certifying agency with information to make such investigation as is necessary for verification of these factors, including access to premises any time during hours of operation.

I understand that as a condition to certification, I must submit to the department/agency for all employees and administrators, a completed Background Information Disclosure form, and must have on file at the center all required personnel records, including evidence that each employee is free from tuberculosis and educational qualifications.

Signature (owner/operator/board president)	Title	Date Signed
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